

No. 300  
10. 48

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15253**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **6154** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Nueces</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural (Richland)</b>		c. CITY OR TOWN <b>Corpus Christi</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>2621 Wainwright</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>U. S. Highway #60</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Amelia</b>		b. (Middle) <b>Rodriguez</b>		c. (Last) <b>Aranda</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 10, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Mexican</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>unk.</b>		9. AGE (In years last birthday) (About <b>35</b> )	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>House-wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	

13a. FATHER'S NAME <b>unk.</b>		13b. MOTHER'S MAIDEN NAME <b>unk.</b>		14. NAME OF HUSBAND OR WIFE <b>Roberta Aranda</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Roberto Aranda, Corpus Christi, Tex.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull fracture, possible broken neck and internal injuries</b>		II. OTHER SIGNIFICANT CONDITIONS		<b>Sudden</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Antecedent causes			
		DUE TO (b) _____			
		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway #60</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Richland Twp.</b> (COUNTY) <b>Stoddard,</b> (STATE) <b>Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 10, 1956 11:30</b>		21e. INJURY OCCURRED AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile accident</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:30** m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. W. Rainey Coroner</b>		23b. ADDRESS <b>Dexter, Missouri</b>		23c. DATE SIGNED <b>4-10-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-16-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>San Antonio, Texas</b>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <b>4-16-56</b>		REGISTRAR'S SIGNATURE <b>Leis E. Mooney</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Strickland-Rainey Dexter, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Lucille Rainey*

Licensed Embalmer No.....*490*

P. O. Address.....*Depton, N.J.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.